

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

2001 — 0 3

2. STATE:

MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 1, ~~2001~~ 2000 (P+J HCFA 6/8/01)

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.54

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ (85,000)  
b. FFY 2002 \$ (85,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.18-A page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.18-A Page 1

10. SUBJECT OF AMENDMENT: This State Plan Amendment clarifies co-pays for clinic visits as \$1.00 per visit, rural health clinic visits as \$2.00 per visit, and physician emergency room visits as \$1.00 per visit.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Rica Lewis-Payton*

13. TYPED NAME:

Rica Lewis-Payton

14. TITLE:

Executive Director

15. DATE SUBMITTED:

April 23, 2001

16. RETURN TO:

Rica Lewis-Payton, Executive Director  
Miss. Division of Medicaid  
Attn: Rose Compere  
239 North Lamar Street, Suite 201  
Jackson, MS 39201-1399

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

April 26, 2001

18. DATE APPROVED:

May 11, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

*Eugene A. Grasser*

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MISSISSIPPI

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a) (1) through (5) and (7) of the Act:

Service	Deduct.	Type Charge Coins.	Copay	Amount and Basis for Determination
Hospital Inpatient Days			X	\$5.00 per day
Hospital Outpatient visits			X	\$2.00 per hospital outpatient visit
Physician Visits: office, home, emergency room, ophthalmological			X	\$1.00 per visit
Dental Visits			X	\$2.00 per visit
Home Health visits			X	\$2.00 per visit
Prescription drugs			X	\$1.00 per prescription, including refills
Eyeglasses			X	\$2.00 per pair
Ambulance			X	\$2.00 per trip
Clinic Visits (excluding Rural Health Clinic visits)			X	\$1.00 per visit
Rural Health Clinic visits			X	\$2.00 per visit

When the average or typical State payments for the above services are taken into consideration, all copayments are computed at a level to maximize the effectiveness without causing undue hardship on the recipients, assuring that they do not exceed the maximum permitted under 42 CFR 447.54

TN No. 2001-03  
Supersedes  
TN No. 85-9

Approval Date: MAY 11 2001  
Effective Date: OCT 01 2001  
HCFA ID: 0053C/0061E' P4I  
HCFA  
6/8/01